



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

FILE COPY
COMPLETED

Faber Castell Corporation	NJD 002187110
Site Name	EPA Site ID Number
Corner of Dickerson and Hecker Sts.	02-8403-22
Address Newark, New Jersey	TDD Number

Date of Site Visit: Off-site Reconnaissance NUS Corp. FIT II 5/24/84

SITE DESCRIPTION

The off-site reconnaissance revealed that the abandoned building at this address had been razed and the debris removed. At present, the site is a weed-covered, vacant lot. Newark Fire Department records show that the building was destroyed in a fire in 1982. Information from the Notification of Hazardous Waste Site Form (form-8900-1) completed by Faber Castell Corporation, owners of the property, states that formaldehyde was stored in the building. Fire Department records make no mention of this in their account of the fire. No records of this site were found in the City Engineering Department. Faber Castell Corporation, a manufacturer and supplier of drafting supplies, maintains an active site at 41 Dickerson Street.

PRIORITY FOR FURTHER ACTION: High ☐ Medium ☐ Low ☐ None ☒

RECOMMENDATIONS

No further action is required.

Prepared by: M. Sadowski Date: August 3, 1984
of NUS Corporation



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
01 STATE NJ 02 SITE NUMBER D002187110

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Faber Castell Corp.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Dickerson St. and Hecker St. Corner			
03 CITY Newark	04 STATE NJ	05 ZIP CODE 07103	06 COUNTY Essex	07 COUNTY CODE 013	08 CONG DIST 10
09 COORDINATES LATITUDE 40° 44' 00" N LONGITUDE 074° 10' 00" W					
10 DIRECTIONS TO SITE (Starting from nearest public road) Rt. 280 W to High St. Exit continue West to Central Avenue Right to Hudson St. left on Dickerson St.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Faber Castell Corp.		02 STREET (Business, mailing, residential) 41 Dickerson Street			
03 CITY Newark	04 STATE NJ	05 ZIP CODE 07103	06 TELEPHONE NUMBER (201) 484-4141		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 7 / 14 / 81 MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Owners of building reported that formaldehyde was stored in building. In 1972 the building was destroyed by fire and subsequently razed. The lot presently is vacant and weed-covered.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION No potential was apparent.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Mark Haulenbeek	02 OF (Agency/Organization) US EPA Region II	03 TELEPHONE NUMBER (201) 321-6685
04 PERSON RESPONSIBLE FOR ASSESSMENT Mark V. Sadowski	05 AGENCY NUS Corp. FIT II	06 ORGANIZATION (201) 225-6160
		07 TELEPHONE NUMBER (201) 225-6160
		08 DATE 8 / 3 / 84 MONTH DAY YEAR

[illegible]

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D002187110

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

1. IDENTIFICATION
01 STATE 02 SITE NUMBER
NJ D002187110

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

PRELIMINARY ASSESSMENT FILE SEARCH

NJDEP

DIVISION OF WATER RESOURCES:

- A. Enforcement no file
B. Groundwater ↓
C. Other _____

DIVISION OF WASTE MANAGEMENT:

- A. HSMA no file
B. Enforcement ↓
C. Solid Waste _____

ENVIRONMENTAL QUALITY:

- A. Air Pollution _____
B. Pesticides _____
C. Other _____

DIVISION OF FISH AND GAME: _____

OFFICE OF SCIENCE AND RESEARCH: no file
↓

- A. Industrial Survey _____
B. Other _____

N.J. DEPARTMENT OF HEALTH: _____

LOCAL AUTHORITIES:

A. Health Department _____

B. Town or County Clerk Tan Arsenau - Newark City - 733-6566

C. Newark Fire Department, Capt. Carter. (201) 733-7495

UNITED STATES GOVERNMENT:

A. EPA Section 103(c) CERCLA form

B. other _____

Faber-Castell Corp.
Newark City/Essex County

The Faber-Castell Corporation is an active facility located on three-quarters of a city block in a north-central section of Newark City in Essex County. According to city tax records, Faber-Castell initially purchased this property prior to 1934. This company manufactures pencil erasers from natural rubber.

In 1981, a private citizen filed a complaint to EPA utilizing the CERCLA Section 103 (c) form-Notification of Hazardous Waste, alleging the generation of offensive and toxic fumes from the Faber-Castell Corp. facility. In addition, the haphazard use of hazardous substances, particularly that of formaldehyde, was indicated. However, based on information provided by officials from the Newark Fire Department, who annually inspect the subject site, hazardous substances are not used by the Faber-Castell Corp.. Instead, an adjacent company, which no longer exists, was known to use a variety of organic chemicals, including that of formaldehyde, for the manufacture of plastic buttons. The Newark Fire Department received numerous noxious odor complaints on the button manufacturing facility. It has been determined that the information provided on the EPA 103 (c) form is misleading and could not be substantiated. A low priority rating has been assigned to this site. On a time available basis, further investigation is recommended.

Submitted by: Anne De Cicco
Environmental Specialist
NJDEP-HSMA
RCRA 3012 Project